BEST AVAILABLE COPY

										Application or Docket Number					
	PATENT	ı													
Effective November 10, 1998										6	9/449	250	<u> </u>		
CLAIMS AS FILED - PART I (Column 1) (Column 2)										ALL PE	ENTITY.	OR	OTHER SMALL		
F	OR		NUMBER FILED			NUMBER EXTRA			RA	TE	FEE	1	RATE	FEE	
BA	SIC FEE		ใน ในสารที่สารา			t Itali					380.00	OR) 	760.00	
TO	TAL CLAIMS		minus 20=						X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =			*			X39=			OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT										+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									TO		 	OR	TOTAL	100-	
CLAIMS AS AMENDED - PART II												•	OTHER	THAN	
L	(Column 1) (Column 2) (Column 3)								SMA	ALL	ENTITY	OR	SMALL		
AMENDMENT A		REM	AIMS AINING TER IDMENT		NI PRE	GHEST JMBER VIOUSLY JD FOR	PRESENT EXTRA		RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
	Total	* 2)D	Minus	**	20	=		X\$	9=		OR	X\$18=		
	Independent	$\overline{}$	3	Minus	***	2			ХЗ	9=		OR	X78=		
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+13	0=		OR	+260=		
•										TAL		1	TOTAL	1	
(Column 1) (Column 2) (Column 3)										FEE		10	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING			HI	HIGHEST NUMBER	PRESENT	1			ADDI-	1 1		ADDI-	
		AF	TER IDMENT		PRE	VIOUSLY ID FOR	EXTRA		RAT	E	TIONAL FEE		RATE	TIONAI FEE	
	Total	*		Minus	**		-		X\$ 9	9=	1	OR	X\$18=		
	Independent	*	N OF M	Minus	***	NT CLAIM	l	ı	X39)=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=		OR	+260=		
TOTAL ADDIT. FEE												OR	TOTAL ADDIT. FEE	_	
(Column 1) (Column 2) (Column 3)										FEE			ADDII. FEEI		
AMENDMENT C	Mary Land	CL	AIMS	15 mg	HI	GHEST		ı		_	ADDI-			ADDI-	
		AF	AINING TER IDMENT		PRE	JMBER VIOUSLY ID FOR	PRESENT EXTRA	١	RAT	Έ	TIONAL		RATE	TIONAL	
	Total	*		Minus	*		=	Ī	X\$ 9)=		OR	X\$18=		
	Independent	*		Minus	***		=	ı	X39	_		OR	X78=		
È	FIRST PRESE	ŀ		\exists			.000								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												OR	+260= TOTAL	ļ	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												ADDIT. FEE			
	The *Highest Nurr	ber Prev	riously Pai	d For* (Total or	Indepe	ndent) is the	highest number	r fou	nd in th	e app	propriate box	in coli	umn 1.		